

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Q. b.</i>		<i>5/23/99</i>
O.I.P.E. CLASSIFIER	<i>BR</i>	<i>32</i>	<i>5/22</i>
FORMALITY REVIEW	<i>CA</i>	<i>69916</i> <i>69916</i>	<i>10-10-99</i> <i>11-12-99</i>

INDEX OF CLAIMS

- | | | | |
|---|---------------------------------|---|--------------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)..... Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

Claim	Date
Final	Original
1	11/12
2	10/3
3	10/8
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5	10/12
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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